

IFW



PTO/SB/17 (06-07)  
Approved for use through 06/30/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/523,802-Conf. #6177
		Filing Date	February 9, 2005
		First Named Inventor	Mathias Locher
		Examiner Name	K. L. Brooks
		Art Unit	1609
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Attorney Docket No.	42804-212835

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account  
 Deposit Account Number: 22-0261  
 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 \_\_\_\_\_ - 20 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 \_\_\_\_\_ - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	_____ x _____	_____

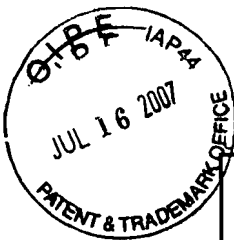
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)**

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs	Telephone	(202) 344-4000
		Date	July 16, 2007



PTO/SB/21 (04-07)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/523,802-Conf. #6177
Filing Date	February 9, 2005
First Named Inventor	Mathias Locher
Art Unit	1609
Examiner Name	K. L. Brooks
Attorney Docket Number	42804-212835

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> <b>Amendment/Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	VENABLE LLP		
Signature			
Printed name	Ann S. Hobbs		
Date	July 16, 2007	Reg. No.	36,830



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Mathias LOCHER et al.

U.S. Application No. 10/523,802

Confirmation No. 6177

Filing Date: February 9, 2005

For: NOVEL COMBINATION OF  
GLUCOCORTICOIDS AND PDE-  
4 INHIBITORS...

Art Unit: 1609

Examiner: Kristie Latrice Brooks

Atty. Docket No. 42804-212835

Customer No.

**26694**

PATENT TRADEMARK OFFICE

**Amendment**

Mail Stop: Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to calculation of the fees, please amend the above-identified U.S. patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Abstract** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Remarks** begin on page 6 of this paper.

Please charge any necessary fee, or credit any refund, to deposit account number 22-0621 and advise the undersigned.